

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yasushi KURIBAYASHI
Title: OPTICAL MULTI-BEAM SCANNING DEVICE AND IMAGE
FORMING APPARATUS
Appl. No.: Unassigned
Filing Date: April 9, 2004
Examiner: Unknown
Art Unit: Unknown

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Yasushi KURIBAYASHI

Enclosed are:

- [X] Japanese Language Specification, Claim(s), and Abstract (26 pages).
- [X] Informal drawings (8 sheets, Figures 1-15).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to KABUSHIKI KAISHA TOSHIBA and TOSHIBA TEC KABUSHIKI KAISHA.
- [X] Assignment Recordation Cover Sheet.
- [X] Information Disclosure Statement.
- [X] Form PTO/SB/08 with copies of 5 listed reference(s).
- [X] Application Data Sheet (37 CFR 1.76).



The filing fee is calculated below:

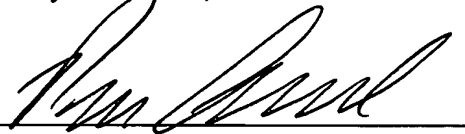
	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	19	- 20	= 0 x	\$18.00 =	\$0.00
Claims:					
Independents	3	- 3	= 0 x	\$86.00 =	\$0.00
:					
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL: =	\$770.00
[] Small Entity Fees Apply (subtract ½ of above):				=	\$0.00
				TOTAL FILING FEE: =	\$770.00
Assignment Recordation Fee:			+	\$40.00 =	\$40.00
Processing Fee under 37 CFR 1.17(i) for Late Filing of English Translation of Application:			+	\$130.00 =	\$130.00
TOTAL FEE				=	\$940.00

- ☒ A check in the amount of \$940.00 to cover the filing fee, fee for late filing of translation and fee for recordation of Assignment is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By



Date April 9, 2004

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